

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # 351846**1. Entity Name
INACTIVE CORPORATIONS, INC.

Principal Place of Business

700 NW 107 AVE

MIAMI FL
33172

Mailing Address

% DAVID B. MCCAIN, ESQ.
700 N.W. 107TH AVENUE
MIAMI FL
33172

2. Principal Place of Business

3. Mailing Address
700 N.W. 107TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
MIAMI FL

Zip

Country

Zip
33172

Country

4. FEI Number

59-1275889

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 NW 107TH AVENUEMIAMI FL
33172 US

7. Name and Address of New Registered Agent

Name

MCCAIN DAVID BESQ.

Street Address (P.O. Box Number is Not Acceptable)
700 NW 107TH AVENUECity
MIAMI FLZip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DAVID B. MCCAIN****01/16/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MILLER STUART A	
STREET ADDRESS	700 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	AS	☐ Delete
NAME	SIERRA, E. KATHLEEN	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Delete
NAME	PEKOR ALLAN J	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T	☐ Delete
NAME	MALCOLM WAYNEWRIGHT	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VS	☐ Delete
NAME	MCCAIN DAVID B	
STREET ADDRESS	700 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CD	☐ Delete
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107TH AVE	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS ☒ Change ☐ Addition
NAME	SIERRA, KATHLEEN E
STREET ADDRESS	700 NW 107TH AVE, 4TH FL
CITY-ST-ZIP	MIAMI FL 33172
TITLE	VD ☒ Change ☐ Addition
NAME	PEKOR ALLAN J
STREET ADDRESS	730 NW 107 AVE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CD ☒ Change ☐ Addition
NAME	MILLER, LEONARD
STREET ADDRESS	700 N.W. 107TH AVE
CITY-ST-ZIP	MIAMI FL 33172

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David B. McCain

VS

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)